County Buy-In Program
Design Issues

Design Issue	Options	Background	Recommendation **Note: Recommendations are not final and subject to revision based on input received during design process**	Public Feedback and Comments on Design Issues
#1 With Whom Should MRMIB Contract?	1. Individual counties, 2. Consortia of counties, 3. First 5 commissions, that are county agencies 4. Or county agencies. Contracting with any other types of entities would require statutory change.	♦ Contracting entity should be accountable for funds for children of all ages and have the necessary infrastructure for accountability. ♦ Funding likely to come from multiple sources which will need coordination and management ♦ Counties are inexorably involved because of their role in the determination of Medi-Cal eligibility ♦ A governmental entity would be most likely to have the necessary infrastructure for such accountability. ♦ Counties could subcontract with private or other entities to provide certain services. ♦ Would be complex to manage if multiple parties in a county sought to participate	Individual counties or consortia of counties, if counties are required to do eligibility determinations (see issue #3). Counties would have to submit subcontracts/MOUs outlining the roles and responsibilities of those participating (such as Department of Social Services, Health Services, CHIs, non-profits)	

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#2 HK Funding Manage-ment	Given that a county has multiple parties interested in funding the HK program (which can be accompanied by specific conditions such as only children from a certain city, or only children of a certain age), who should be responsible for accounting for expenditures from the different county funding sources? 1. County 2. MRMIB's Administrative Vendor (AV)	♦ Extremely complex for the AV which would increase the associated administrative costs and overall cost to the county. ♦ County will be most knowledgeable about funding sources and conditions attached to funding.	County should administer.	
#3 Eligibility Determin-ation	Given the need to keep strict accounting and control of the amount of enrollment a county can fund (and the circumstances under which children would be funded), who should make determination of eligibility? 1. County 2. MRMIB's Administrative Vendor (AV)	♦ If it is the county, applications would have to go to the county for determination and then to the AV for MC/HFP coverage screening then HK enrollment—a less efficient system than exists for HFP. ♦ Counties may want to handle as a consortium and share administrative infrastructure development costs. ♦ However, if the AV determines eligibility, it would have to have some method to assure that a county has the funds to cover a given enrollment. This would likely mean contact with the county on a per application basis.	County conducts eligibility determination then forwards application to AV for MC/HFP coverage screening and HK enrollment.	
#4 Eligibility Determin-ation	If MRMIB's Administrative Vendor (AV) conducts eligibility determination, by what means would the Administrative Vendor make eligibility determinations based on the nuances of each county's funding mix?	♦ The more complex and variable AV system changes that are required, the higher the associated AV costs and longer the implementation time needed		

Alternated shading of Design Issue column groups related design issues

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#5 Appeals	Who handles eligibility appeals? 1. County 2. MRMIB's Administrative Vendor (AV)	♦ Area of administrative cost ♦ Depends on who makes final eligibility determination. Becomes important for it to be MRMIB for second level appeals if program pursues FFP	Must be in synch with the answer to issue #3	
#6 Waiting List	Who should maintain a waiting list or simply close enrollment? 1. County 2. MRMIB's Administrative Vendor (AV) Should maintenance of a waiting list be a requirement for participation or at the counties option? 1. Yes 2. No	♦ AV administration of a waiting list increases associated administrative costs to the county.	Waiting list should be at the option of and administered by the county. Counties should submit to AV what their policy is. AV should advise a family whose child cannot be enrolled due to funding problems to contact county.	
#7 Subscriber Premium Adminis-tration	Who should bill, collect and reconcile subscriber premiums? 1. County 2. MRMIB's Administrative Vendor (AV)	♦ Counties lack infrastructure and expertise to administer subscriber premiums ♦ AV has existing infrastructure and expertise to administer subscriber premiums ♦ Need to assess whether state collection of premium is something of value to counties	AV administers subscriber premiums	
#8 Subscriber Premium Adminis-tration	Should premium be standardized? 1. HK Statewide standard 2. Vary by county	♦ There is some variation in the amount of premiums charged by the various HK programs.	If state collects premiums, premiums should be standard across the state for HK.	
#9 Subscriber Premium Amount	If premium is standard, what should it be?	♦ Subscriber premium rate has federal fund participation implications	Consistent with premium policies of MC and HFP	

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#10 Hardship Fund	Should program require a hardship fund? 1. Yes 2. No	♦ County views and funding on this may differ ♦ If AV collects premiums, would require a notification system for delinquent subscriber premium payments to the county which increases administrative cost.	Hardship fund should be at the option of the county; However, AV will need to communicate with county and subscribers about its availability, if adopted	
#11 Term of Contract	Should contract require participation in the buy-in for a set period? 1. Yes 2. No If yes, what term of contract?	♦ Contract period should be sufficiently long to warrant the effort involved in establishing and maintaining a program. ♦ AB 495 contracts require participation for at least two years.	Require 2 year buy-in commitment from county	
#12 Continuity of coverage	Given fiscal unpredictability, how can an enrolled child's continuity of coverage be assured?		Require county to deposit funds for 12 months of coverage for each enrolled child.	
#13 Population to be served	Should income eligibility be standardized? 1. Statewide income eligibility standard 2. Income eligibility varies by county	♦ Most Health Kids programs serve children up to 300% FPL, but some set the upper limit at 250% or 400%. ♦ County variation will increase the complexity of the program and the cost of the AV (if the AV is responsible for eligibility).	Establish a uniform statewide standard of 300% FPL	
#14 Population to be served	Should counties be allowed to buy in just for children from 0-5 (for whom they are most likely to have funding due to First 5 Commission)? 1. Yes 2. No	♦ Coverage of all children is the project goal	Consistent with the requirements of the First 5 Commission that require a county to have a plan for covering all children up through age 18. Can begin by funding children 0-5.	

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#15 Population to be served	To the extent counties do have funding for ages above 5, should each county be able to specify the ages that it would cover? 1. Yes 2. No	♦ Coverage of all children is project goal	Coverage for all children on first apply first enrolled basis; except for 0-5 group.	
#16 Federal Fund Participa-tion (FFP)	Design the program to immediately be able to draw down FFP for children who would be otherwise SCHIP eligible but have income too high for HFP or design without attempting to draw down FFP. 1. Immediate FFP draw down 2. Year 2 FFP draw down	♦ There is significant added program complexity that results from (trying to bring) in FFP. ♦ A number of counties with Healthy Kids programs have chosen not to participate in AB 495 because of the added burdens associated with federal funding ♦ Implementing and maintaining FFP is contingent on the availability of SCHIP funding	Consider adding in a later phase such as year 2	
#17 Federal Fund Participa-tion (FFP)	If the program is designed to bring in FFP should participation in this feature be at county option? 1. Yes 2. No	♦ Variation will increase program complexity and once design features are added, impact on county should be minimal. ♦ However, county may not have the right kind of money to pull down FFP	FFP Participation should be standardized statewide Only about 10% of a HK population is above 250%. Hopefully, county could manage to find the funds for this small number.	
#18 Federal Fund Participa-tion (FFP)	If the program is designed to bring in FFP, should counties operating their own Healthy Kids program be able to opt in solely for children with incomes between 250-300%	♦ This would require significant administrative changes for existing HK programs ♦ It will create considerable confusion for local subscribers to have one portion of HK administered by the county and another administered by AV	Defer decision until program option may be added in later phase such as year 2 (see issue #16)	

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#19 Application	Should there be one application for MC/HFP and HK? 1. Yes, one application 2. No, allow multiple applications	♦ The applications for MC and HFP are being redesigned to authorize an assessment of HK eligibility ♦ Multiple applications increase the complexity of processing and assuring all required information	Use one application for all programs The application would be the joint HFP/MC application (or the currently accepted MC210).	
#20 Application	Should DHS require that all apps for HK coverage be submitted to MC for emergency only coverage. 1. Yes 2. No	♦ Could cause confusion among subscribers to get multiple coverage cards ♦ MC emergency only coverage limited in scope; possible option for applications that are not eligible for MC, HFP or HK		
#21 Outreach	Who should be responsible for outreach? 1. County 2. State	♦ Effective outreach needs to happen at local grassroots level. ♦ Presumably, any county that is interested in buying in for HK would be interested in doing outreach for it.	County responsibility	
#22 Outreach Rules	Should MRMIB establish particular outreach requirements, or alternately, establish recommended approaches? 1. Yes 2. No	♦ Health coverage for all children is a critical outreach approach message and has been researched for effectiveness. ♦ The most appropriate strategies vary given the particulars of given localities.	Require counties to provide an outreach plan that communicates critical message of how it will offer coverage to all children. Plan should include statement from it local partners that agree to the outreach principles.	
#23 Benefits	Should the benefits package be the same as the HFP including health, dental and vision? 1. Yes 2. No	♦ Most administratively simple approach is using HFP benefits ♦ Allowing varying benefits package increase program complexity and subscriber confusion	HFP benefit package (health, dental and vision), including co-payments	

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#24 Benefits	How to handle CCS coverage for HK?	♦ Presently, some higher income HK children are not being eligible for CCS and health plan is responsible for coverage of services. ♦ HK children must separately fill out CCS paperwork to establish eligibility for CCS coverage. ♦ Blue Cross thinks that the failure to deem HK children as eligible for CCS is a major barrier to participation. Existing Healthy Kids plans do not appear to be concerned about the issue	Work with CCS, BC and other plans	
#25 Plan	Should subscribers have choice of all HFP plans in their county of residence? 1. Yes 2. No	♦ Consistent with HFP and therefore administratively simpler. ♦ Additionally, this is a desired feature that HFP could bring to the program. ♦ Consumer friendly by providing freedom of choice	Yes	
#26 Plan	How do counties pay for plan costs without violating MRMIB's rate confidentiality?		Develop method of average cost of plans in given area	
#27 Funding	Need start-up funds in the year prior to implementation for MRMIB staffing; AV system and operational changes and any special enrollment materials	♦ Need to solicit private funding from philanthropic foundations, healthcare foundations and private sector organizations	Joint brainstorming and solicitation efforts by state and county partners in securing needed start-up funds	
#28 Funding	Because there is no "float" will have to collect funds from counties in advance of expenditures		Yes, we will have to collect funds in advance from counties.	

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